

Thomas O. Forslund, Director

Governor Matthew H. Mead

**WYOMING OFFICE OF EMERGENCY MEDICAL SERVICES
LICENSURE/CERTIFICATION INFORMATION**

Dear Applicant:

Welcome! Thank you for your interest in seeking certification in Wyoming. The following information will assist you in obtaining Wyoming EMS certification. Acceptable EMS training programs are Division approved or those accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

You will need to complete this application in its entirety. Incomplete applications will not be accepted and returned to the applicant for completion.

All levels of EMS licensure/certification are required to submit the following:

- 1) If you have obtained licensure or certification in another state or possess current NREMT certification you must provide a front and back copy of your current certification.
- 2) All applicants must supply their course information, including copy of course certificate of completion and documentation of clinical, lab, internship, field and didactic hours.
- 3) A front and back copy of your current BLS Healthcare Provider (CPR) card from the American Heart Association or the equivalent.

In addition to the above documentation and certification requirements you need to submit the following information:

Current front and back copy of your ACLS card for Intermediate and Paramedic applicants.

Paramedic

Acceptable Paramedic training programs are those accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Paramedic training programs that are not accredited by the CAAHEP shall be evaluated and reviewed for approval on a case-by-case basis prior to any testing. All Paramedic training programs must meet the minimum requirements as outlined in the United States Department of Transportation's National Education Standards for Paramedics.

Submit the following documents:

- ___ Completed Application
- ___ Photocopy of Government Issued Identification (front and back)
- ___ Copy of CPR Card (front and back)
- ___ Copy of ACLS Card (if applicable) (front and back)
- ___ Copy of Current EMS credentials or Course Completion Documentation
- ___ Copy of Course Outline/Syllabus (including physical/clinical hours attended)

Any individual desiring to be certified shall have completed and submitted a Federal Bureau of Investigation criminal background check and a State of Wyoming Division of Criminal Investigation background check to include fingerprinting. (“Wyoming Emergency Medical Services Act of 1977” W.S. 33-36-101 (2008 Revision)) *See Attachment A.*

Once you have successfully completed all paperwork, provided all requested documentation, and passed the examination for your licensure/certification level, you will be eligible for Wyoming EMS licensure/certification.

Please note it may take up to 45 days to process your paperwork once your application has been approved and all documentation and testing has been completed.

Attachments

Attachment A: Criminal Background Instructions (WYOEMS-02)

SEND ALL ELECTRONIC DOCUMENTS TO: ems-licensing@wyo.gov

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APPLICATION FOR LICENSURE/CERTIFICATION
INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED**Name of Applicant:**

_____	_____	_____
Last	First	Middle

Mailing Address:

_____	_____	_____	_____
Street or PO Box	City	State	Zip

_____	_____	_____	_____	_____	_____	_____
Birthdate	Sex	Age	Height	Weight	Eye Color	Hair Color

_____	_____	_____
Home Phone	Cell Phone	Business Phone

_____	_____
Email Address	Social Security Number

Licensure/Certification Level Requested

Type of service you will be affiliating with: _____

Name of Service: _____

Mailing Address:

_____	_____	_____	_____
Street or PO Box	City	State	Zip

Have you previously applied for Wyoming certification: ____ Yes ____ No

If yes, when did you apply: _____

What previous names have you applied under: _____

Check the Box if you are currently a Full-Time Federal Employee or an active duty member of the Armed Services

Crimes against a Person, Felony Conviction, and Licensing Action:

Have you ever been convicted of a crime against a person? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

Have you ever been subjected to limitations, suspensions or terminations of your right to practice in a health care occupation or voluntarily surrendered a health care license in any State or to any agency authorizing the legal right to work? ____ Yes ____ No

If you answered “**Yes**” to any questions above, you must provide official documentation of current status and disposition of the case. Eligibility for certification will be handled on a case by case basis.

Current Licensure/Certification:

License/Certification Number Level of Certification Date of Expiration State

National Registry Number Date of Expiration

Course Information (all levels must complete):

School/Training Agency City State

Course Coordinator Course Medical Director Start Date End Date

Classroom Hours Clinical Hours Field Internship Hours

For Paramedic Programs Only:

Was your course accredited by CAAHEP: ____ Yes ____ No

I certify that all statements made on this application are true and correct. I authorize the Wyoming Office of Emergency Medical Services to contact such agencies as may be necessary to verify this information. This shall also serve as a release for said agencies to provide information to the Wyoming Office of Emergency Medical Services.

False statements shall result in denial of licensure/certification in the State of Wyoming.

Printed Name of applicant

Signature of applicant Date

If you have any questions regarding this process, please contact the Wyoming Office of Emergency Medical Services at 307-777-7955.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

**DIVISION OF CRIMINAL INVESTIGATIONS
208 SOUTH COLLEGE DRIVE
CHEYENNE, WY 82002
307-777-7523**

Agency	Fee	
DCI	\$15.00	COMPELTED FINGER PRINT CARDS ARE TO BE SEND DIRECTLY TO THE DIVISION OF CRIMINAL INVESTIGATIONS AT THE ABOVE ADDRESS
FBI	\$24.00	
Total	\$39.00	
DCI Fee for fingerprinting	\$5.00	When fingerprinting is conducted at the Cheyenne Department of Criminal Investigation Office, an appointment must be made. <u>Walk-ins will not be accepted.</u>

BACKGROUND CHECK INSTRUCTIONS-PLEASE READ CAREFULLY

Wyoming criminal history record information may be available for non-criminal justice proposes to Wyoming §7-19-106 (k). Upon request for background check information as outlined in the following procedures, the Division will respond with a form letter indicating no record or previous record with attached arrest information, to the locations indicated on a waiver form. The following procedures have been compiled to assist individuals and agencies in submitting non-criminal justice request for criminal history information and must be closely followed. Failure to do so **WILL** delay all processing of the request.

1. **The individual must be fingerprinted on the standard FBI 8x8 blue applicant fingerprint card provided by the Division or any law enforcement agency.**
2. Ensure the following are completed: name; date of birth; social security number; place of birth (state or country); current country of citizenship; physical identifiers (eye/hair color, height, weight, sex and race). ***Cards may be rejected if not properly completed.***
3. Ensure the card is **legible**. Information that cannot be read will be returned.
4. Use the full name of the company/agency (no acronyms).
5. **Make sure results (EMPLOYER AND ADDRESS section of the fingerprint card) are to be returned to EMS, 6101 Yellowstone Road, Suite 400. Provide contact phone number for questions.**
6. Submit the completed fingerprint card and the \$39.00 processing fee in the form of a **certified check** or **money order** made out to the **Office of the Attorney General** to the **Division of Criminal Investigations at the address on the letter head. Cash will be accepted at the Department of Criminal Investigation, but only in the exact amount.**

Payments NOT accepted: ***Personal Checks***
 Cash by mail

Note: Submission of fingerprint cards which are incomplete or contain illegible fingerprint impressions will be REJECTED by the Division resulting in the return of the fingerprint contributor.

DO NOT FOLD FINGERPRINT CARDS

SEE REVERSE SIDE FOR DESCRIPTIVE CODES

**DIVISION OF CRIMINAL INVESTIGATIONS
208 SOUTH COLLEGE DRIVE
CHEYENNE, WY 82002
307-777-7523**

FBI CODES

EYE COLOR

COLOR	CODE	COLOR	CODE
Black	BLK	Blue	BLU
Brown	BRO	Gray	GRY
Green	GRN	Hazel	HZL
Maroon	MAR	Multicolored	MUL
Pink	PNK	Unknown	XXX

HAIR COLOR

COLOR	CODE	COLOR	CODE
Bald	BLD	Purple	PLE
Black	BLK	Red/Auburn	RED
Blond/Strawberry	BLN	Sandy	SOY
Blue	BLU	White	WHI
Brown	BRO	Unknown/completely bald	XXX
Green	GRN	Orange	ONG
Pink	PNK		

RACE CODE

CODE	RACE
I	American Indian or Alaskan Native; a person having origins in any of the original peoples of the Americas and maintaining cultural identification through tribal affiliations or community recognition.
A	Asian or Pacific Islander; A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands.
B	Black; a person having origins in any of the black racial groups of Africa.
W	White; a person having origins in any of the original peoples of Europe, North Africa, or Middle East
U	Unknown
	Records for Hispanic should be entered with the race code most closely representing the individual.

CITIZENSHIP

Resident Alien	RA (include number)
United States	US
Other Countries	Write out the country; Canadian, Australian, Mexico, etc.
Place of Birth (POB)	Must show the appropriate 2-letter State/Country code
Nebraska	Two letter state code is NB, no NE

Wyoming Office of Emergency Medical Services

EMS Licensing/Certification Check Sheet

Use this check sheet to confirm that you submit all of the required documents and information required for licensure/certification in Wyoming. Please note that depending on the level of EMS certification/licensure you are applying for, you may not need all of these documents. A safe rule of thumb to follow is; if you have one of the items below, attach it. You do not have to submit this form back to us; it is for your use.

- ___ Copy of current State credentials (front and back)
- ___ Copy of NREMT credentials (front and back)
- ___ Copy of your State Issued ID (front and back)
- ___ Copy of your course completion documents
- ___ Copy of course documentation to include; clinical; lab; internship; field; and didactic hours
- ___ Copy of your current BLS Healthcare Provider card (front and back) or the equivalent
- ___ Copy of ACLS card (front and back) (if applicable)
- ___ Completed all portions of the application (WYOEMS – 01)
- ___ Submitted Fingerprint background checks to DCI (See WYOEMS – 02) (note: this process typically takes 2-6 weeks)

Completed packages can be sent in to the OEMS 2 ways:

By Mail:

Wyoming Office of EMS
6101 Yellowstone road, Suite 400
Cheyenne, Wyoming 82002

OR

By E-Mail:

Ems-licensing@wyo.gov